

**"FEE ADDRESS" INDICATION FORM**

Address to:  
Mail Stop M Correspondence  
Commissioner for Patents  
P.O. Box 1450  
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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

☒ Customer Number: 36023

**OR**

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,309,754	10/673,052

Completed (check one)

☐ Applicant/Inventor

  
Signature

☒ Attorney or Agent of record

Geraldine N. Rochino, Reg. No. 58,147

Typed or printed name

☐ Assignee of record of the entire interest. See  
37 CFR 3.71. Statement under 37 CFR 3.73(b)  
is enclosed. (Form PTO/SB/96)

(650) 251-7700

Customer's telephone number

☐ Assignment recorded at Reel \*, Frame \*

November 19, 2008

Date

NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☐ \*Total of \* forms are submitted.